SAGE II
Commission Report

Planning for the older adult population in the Finger Lakes region, 2023

Common Ground Health

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Executive Summary

The largest barrier to affordable and accessible long-term health care and social services in the Finger Lakes region is an antiquated health care finance strategy, coupled with an imbalanced distribution of resources. Health disparities exist across all older adult populations, including racial, ethnic, Deaf, disabled, native, immigrant, rural, urban and suburban populations.

Ageism, a pervasive form of discrimination that manifests at the institutional, interpersonal and individual levels, underpins many of these challenges.

The Finger Lakes region is well known for its collaborative partnerships that leverage resources and collectively address systemic shortfalls and barriers to improving the health and well-being of its residents. Despite repeated demonstration projects that have proven impact with statistical significance, progress stalls when projects end due to a lack of sustained funding mechanisms. Nonetheless, leaders remain committed to collectively sharing strategies that will improve the health and well-being of older adults in communities throughout the region.

In January of 2020, leaders in the Finger Lakes region gathered for the inaugural meeting of the 2020 Sage II Commission. The purpose of the Commission was a follow-up to the 2011 strategic and long-range plan designed to meet the needs of the growing older adult population by the year 2030. Members agreed to meet for two years with the following goals:

1) Review progress of the 2011 Sage Commission plan to address the health service needs of older adults
2) Update the 2011 recommendations based on changing trends over the past 10 years
3) Improve the coordination and integration of services for older adults living in the community
4) Prioritize needs that required immediate collective action
5) Strategically leverage partnerships to address short-term needs and re-establish the groundwork for future opportunities

The original 2011 Sage Commission plan focused on rightsizing institutional and long-term care capacity, and increasing the array of home and community-based services by addressing challenges related to informal caregiving, housing, workforce, and transportation. Sage II Commissioners cited the pros and cons of shifting away from congregate long-term care; increased attention to the impact of social determinants of health; and noted the pervasive effects of poverty, race, ethnicity, and geography on older adults' health.

After a hiatus driven by the COVID-19 pandemic, Commission members reconvened in 2022 to review updated regional trends and discuss the numerous challenges worsened by the pandemic. They grappled with the pervasive systemic limitations in search of prioritizing solutions that are within their purview and that they can feasibly address together.

As the older adult population growth accelerates in the next 15 years, nearly 70% of those over 65 will need some form of long-term care, and 20% will need care for longer than 5 years.[1] At the same time, younger populations in our region are projected to decrease, reducing availability of both family caregivers and health care workers. As currently designed, our health, long-term care and social sectors are not equipped to provide comprehensive supports for a growing population.

Medicare is the main source of insurance for people 65 and older and people with disabilities, whether through straight Medicare or, increasingly, Medicare Advantage plans administered by insurance companies. Neither Medicare nor Medicare Advantage plans pay for most long-term care services, regardless of where they occur.

Eligibility for Medicaid coverage in long-term care requires a person's monthly income to be below a specific threshold. Yet even for those who are eligible, dated regulations limit Medicaid coverage for home or community-based services. There is a growing population of older adults with income exceeding Medicaid eligibility yet too low to afford the needed services that Medicare does not cover. Lower middle-income older adults have insufficient resources to cover health care costs in addition to their basic needs such as food, housing and transportation.

Community-based supports are limited for people with middle or lower incomes and for those who live in high-cost or low-density locations. In the Finger Lakes region, the majority of assisted living communities are private pay only. This forces some lower income individuals into higher, more expensive, levels of care. Others remain unsupported in potentially dangerous living conditions.

Reimbursement for congregate care continues to lag at an unsustainable rate and is insufficient to cover the true cost of care in long-term care and skilled nursing facilities. New York State is the only state that cut Medicaid reimbursement during the COVID crisis. At the same time, federal and state regulations imposed additional administrative and reporting requirements, further constraining facilities. The financial strain is at a breaking point with institutional closures and service options no longer available.

In the 2022 My Health Story survey, about 70% of adults over age 50 in the Finger Lakes region said that they plan to age in place (see Appendix A for more information on the My Health Story survey). They require permanent affordable and accessible housing, with an understanding of how to access an array of service options as their needs change. Service needs along the continuum for long-term care and home and community-based services continue to rise.

Sage Commission members acknowledge the strain of the COVID pandemic and the way in which fierce financial pressures have increased consolidation and competition among health systems, payers, and service providers. Unparalleled challenges are affecting organizations' fiscal viability and the region's longstanding history of collaboration as they endure this climate. Despite these constraints, there is a resolute persistence to work together and address the most pressing issues. Members are calling upon colleagues to share data to inform and improve care delivery and outcomes. Dedicated partners are making a call to action for a regional body that will mutually support and hold one another accountable to improving the lives of older adults in our community.

The COVID crisis affords us an opportunity to re-imagine, rebalance and re-invest in our long-term care system. Together, our collective knowledge and action will ensure that alternative solutions for serving the growing older adult population become viable and within our reach. Solutions yet to be imagined are possible when communities mobilize their influence. Now is the time for government, health care systems, insurers, social service providers, educational institutions, private industry, and citizens to hold each other responsible for creative solutions that improve the lives of older adults in our community.

The Commissioners recommend prioritizing the following:

- Acknowledge as a community that ageism is an existential threat to our work and the well-being of older adults.
- Expand and create equitable social health and prevention programs to solve disparities caused by race, ethnicity, income, and geography.
- Educate and support family and other "informal" caregivers.
- Increase the integration and coordination of medical and social services.
- Avoid duplication of programs and instead jointly and completely fund proven programs and services.
- Increase the number of affordable and accessible housing units.
- Expand accessible low- or no-cost transportation services for medical and non-medical trips.
- Retain and grow the health care and social services workforce.
- Leverage community partnerships with local, state and federal representatives who are committed to rebalancing and redesigning the long-term care infrastructure with public and private financing and policies.

The following report contains specific domains that include contextual information, data, recommendations, and examples of successful programs underway. Common Ground Health remains indebted to all of its regional partners for their unwavering commitment to collaborate and improve the health and well-being of the communities they serve.

1. Administration for Community Living. (2020, February 18) *How Much Care Will You Need?* https://acl.gov/ltc/basic-needs/how-much-care-will-you-need

Background

2010 -2011

Finger Lakes Health Systems Agency (FLHSA), now Common Ground Health, published a comprehensive long-range plan that was developed by the Sage Commission in 2011 to project the future health care service needs for adults 65 years and older in the Finger Lakes region by 2030.

A primary goal of the Commission was to rebalance the long-term-care system by reducing skilled nursing facility bed capacity and increasing the array of home and community-based services. Detailed estimates projected a dramatic increase in the older adult population, a decline in the availability of caregivers, fragmented and unsustainable methods to pay for care, a workforce shortage, and health-care disparities among older adults.

Eight strategic objectives aimed to create a person-centered system that would accommodate older adults' needs and preferences to delay institutional care for as long as possible:

1) Increase the array of home- and community-based services, so older adults can receive care in the least-restrictive setting.
2) Promote expansion of housing options to ensure safe, accessible, and affordable housing is available to older adults.
3) Reduce skilled nursing capacity.
4) Improve access to care.
5) Propose changes to the current reimbursement and regulatory system to allow greater flexibility in paying for needs-based elder care at a cost that is sustainable.
6) Enhance support for family and other "informal" caregivers.
7) Enhance transportation services to help older adults maintain independence.
8) Increase the workforce dedicated to geriatric health and aging services.

TEN YEARS LATER

Ten years later, the Sage II Commission convened to review progress on the 2011 plan, update recommendations, and prioritize actionable recommendations. Two months after the inaugural meeting, the COVID-19 pandemic began. COVID-19 disproportionately affected older adults, including high rates of morbidity and mortality, most devastatingly in hospitals, nursing homes and other congregate care settings. It changed health care delivery with temporary closure of in-person services, delayed elective and non-urgent care, and tremendously increased the need for health-related social support services. Older adults, especially those living alone, experienced dramatic rises in isolation, loneliness and fear. The pandemic exposed our greatest systemic weaknesses; insufficient funding and misaligned resources accelerated a looming health and social services workforce crisis, and outdated regulatory burdens negatively affecting the community's collective ability to meet the broad needs of older adults.

As needs of older adults in the community sharply increased, leaders in the aging and long-term care sectors faced unprecedented disruptions in their essential operations, necessitating expanded partnerships to adapt and respond to simultaneous needs.

Amidst the crises of COVID spread in nursing homes and assisted living communities, hospital backlogs, and workforce shortages, community organizations worked across sectors to promote and support COVID vaccine education, distribution and administration, while concurrently developing innovative approaches to meet older adults basic needs, such as food and utilities.

In prioritizing steps to reduce older adults' burdens, Commission members grappled with the economic challenges prior to COVID, complicated by additional disruptions in accessing care and supportive services.

Population – Demographics and Health Status

Population projections for the 9-county Finger Lakes region show that as the older adult population grows in the coming years, the younger populations will decline. These population changes will bring additional workforce and caregiving challenges that will require new, community wide, collaborative approaches to serving older adults.

Population Projections & Percent Change by Age Group Finger Lakes Region[2]

POPULATION	RESIDENTS IN 2015	RESIDENTS IN 2040	PERCENT CHANGE
Age 0-17	270,799	244,582	-10
Age 18-24	129,040	110,757	-14
Age 25-44	305,855	283,887	-7
Age 45-64	358,879	313,633	-13
Age 65-84	**180,528**	**241,761**	**34**
Age 85+	**31,128**	**62,722**	**101**
Total Population	1,276,229	1,257,342	-1
65+ Population	**211,656**	**304,483**	**44**

As the population ages, the older-adult population is becoming more diverse.

- Across the region, the number and percentage of older adults of color has more than doubled between 2000 and 2020, from 9,923 (5.8%) to 24,663 (10.2%).
- Forty-six percent (46%) of Rochester's U.S.-born older adults are non-white, the most diverse U.S.-born older adult population in the state.[3]
- In 2020, Latinos represented around 1.5% of the older adult populations in the regional counties, with the exception of Monroe County (3.7%).
- The Latino population in the Finger Lakes region continues to grow. The current Latino population skews younger than the white population, indicating that future older adult populations will be more diverse.
- Latinos comprise about 4.3% of the **region's total adult population**, with larger populations residing in Monroe (9.6%), Ontario (5.4%) and Wayne (4.9%) counties. In the City of Rochester, Latinos comprised about 20% of the total population in 2020.
- About 4% of adults over 60 in the region speak a language other than English at home, compared to 10.8% of those in Monroe County.
- Monroe County, in particular, has a large population of Deaf individuals.

These demographic factors indicate a need for older-adult service providers to ensure services, information and outreach are culturally and linguistically relevant to an increasingly diverse population.

Aging increases the risk of chronic diseases, and age is the primary risk factor for developing Alzheimer's disease and other dementias. However, increased risk is not destiny – there are many modifiable risk factors and evidence-based programs aimed at reducing risk and prolonging healthy living. Preventive health care services include vaccinations, screening and counseling to prevent chronic conditions such as high blood pressure, diabetes and cancer. Health promotion activities aimed at reducing smoking, improving diets, increasing physical activity and social connection, and preventing falls are key to extending quality of life for older adults. Early detection of cognitive decline is crucial in supporting patients and families as concerns arise.

There has been a growing concern about the failure of the healthcare system to meet basic needs while prioritizing profit making.

The system has become increasingly complex and fragmented, making it difficult for patients to access the care they need. This has led to increased costs, long wait times, and a focus on treatments and procedures that are profitable rather than those that are most effective for patients. Furthermore, the emphasis on profit has led to a shortage of resources in areas where they are most needed, such as primary and preventive care. With limited visit times, the fee-for-service health care system works to treat established health conditions, rather than focusing on disease prevention with individual patients, while the goal of the public health system is to prevent disease in populations. However, there is no one entity responsible for integrated, equitable funding and delivery of preventive services at the community level.[4] Prevention requires investments in the non-clinical (social) sectors and in the workforce that delivers these services.

2. Cornell University (2018). *Cornell Program on Applied Demographics County Projections Explorer.* https://pad.human.cornell.edu/counties/projections.cfm

3. Gonzalez-Rivera C, Bowles J and Dvorkin E. (2019) *New York's Older Adults Population is Booming Statewide*, Center for an Urban Future. https://nycfuture.org/research/new-yorks-older-adult-population-is-booming-statewide

4. Benson WF and Aldrich N, (2012) CDC Focuses on Need for Older Adults to Receive Clinical Preventive Services, *Critical Issue Brief*, Centers for Disease Control and Prevention, 2012. https://www.cdc.gov/aging/pdf/cps-clinical-preventive-services.pdf

There have been numerous articles and studies conducted about the American healthcare system. Many conclude that the current payment structure does not adequately support prevention, primary care, or a means to address the health-related social needs. In addition to the deep lack of funding for home and community based services, the siloes of the current system calls for a broader view of systemic needs that support community living that includes integration across all systems with investments in people, services and infrastructure.

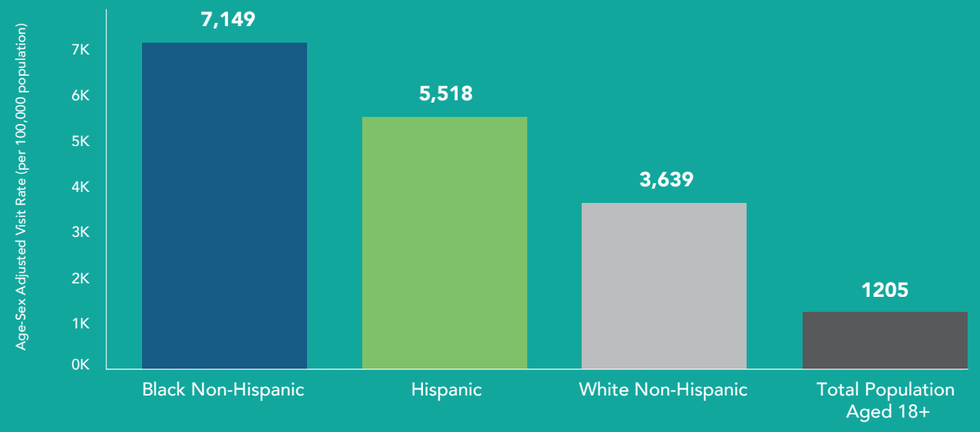
As currently funded, the continuum of health care for older adults, from primary care to congregate long-term care, is not suited to meet the needs of patients and is failing to keep people out of hospitals. As experienced during the pandemic, it is critical that older adults avoid preventable hospitalization.

The lack of equitable prevention services has real consequences for individual patients, population groups and the health care system.

For example, potentially preventable hospital admission rates for Black non-Latino and Latino older adults are significantly higher than for White non-Latino older adults.

- Emergency department visit rates for diabetes for Black non-Latino (964 per 100,000) and Latino (949 per 100,000) older adults are approximately four times higher than for White non-Latino older adults (235 per 100,000).
- Inpatient admission rates for heart disease are also much higher for Black non-Latino (6053 per 100,000) and Latino older adults (4848 per 100,000) than White non-Latino older adults (3756 per 100,000)

Potentially Preventable Inpatient Visit Rates among those Aged 65+ by Race & Ethnicity, 9-County Finger Lakes Region



NYSDOH SPARCS, Years 2016-2020. Age-Sex Adjusted Analysis by Common Ground Health for the 9-County Finger Lakes region.
"Total Population Aged 18+" represents the visit rate for the entire regional population aged 18+, including all races and ethnicities.

Serious health disparities continue to exist among older people of color throughout our region, and community-based health care is not equitably distributed. These disparities in health outcomes are a result of lifelong racial and ethnic health inequities, driven by structural racism, that diminish quality of life and lead to earlier deaths for people of color.

Ageism interacts with racism and other forms of discrimination, and is associated with a range of poor health outcomes, including health care communication challenges, and both overtreatment and under-treatment of conditions. Pervasive ageism and devaluing the lives of older adults was evident throughout the COVID-19 pandemic. While the public health emergency declarations related to the COVID-19 pandemic have ended, COVID-19 remains a threat to older adults in particular.

- Of 1,125 COVID-19 deaths in the first 10 days of 2023, all but 17 were among people aged 50 and older.[5]
- Three-quarters of all U.S. COVID deaths were among people 65 or older.

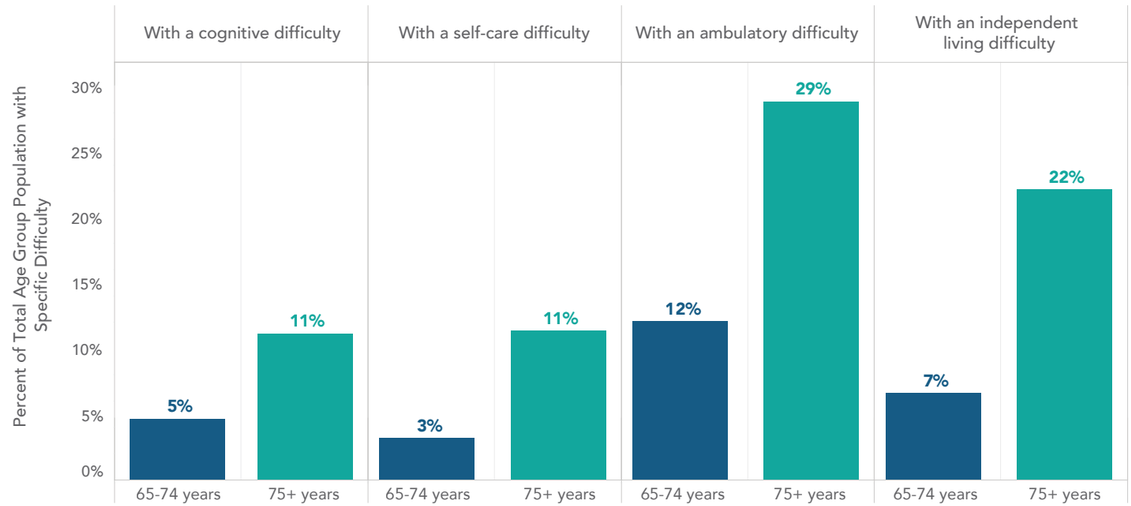
On average, 28% of older adults in our region are living with a disability.

The types and prevalence of disabilities among older adults vary by county, but without exception, the prevalence of every disability increases dramatically for those over 75, compared to those aged 65-74 (See Appendix B for county-specific data).

Adults 75 and older are more than three times as likely to report self-care difficulty, including bathing or dressing, and independent living difficulty, which includes preparing meals, managing finances, housekeeping or shopping alone. Changes in self-care and independent living skills are important to address because additional support may allow individuals to remain in their current living setting or community for a longer period of time before needing congregate care. Additional in-home assistance or home safety assessments also prevent falls or complications of chronic illness that can result in injury, ED visits or hospitalization.

In the region, prevalence of cognitive difficulties increase from 5% of the population aged 65-74, to 10% of those 75 and older. The rate of dementia also increases dramatically with age.5 About 15% of people with mild cognitive impairment (MCI) develop dementia after two years, and one third develop dementia due to Alzheimer's disease within five years.

Difficulties among Older Adults by Age Group Finger Lakes Region



U.S. Census Bureau. (2023). *Disability Characteristics, 2017-2021 ACS 5-Year Estimates Data Profile.*
Retrieved from https://data.census.gov/table?q=S1810&tid=ACSST5Y2021.S1810

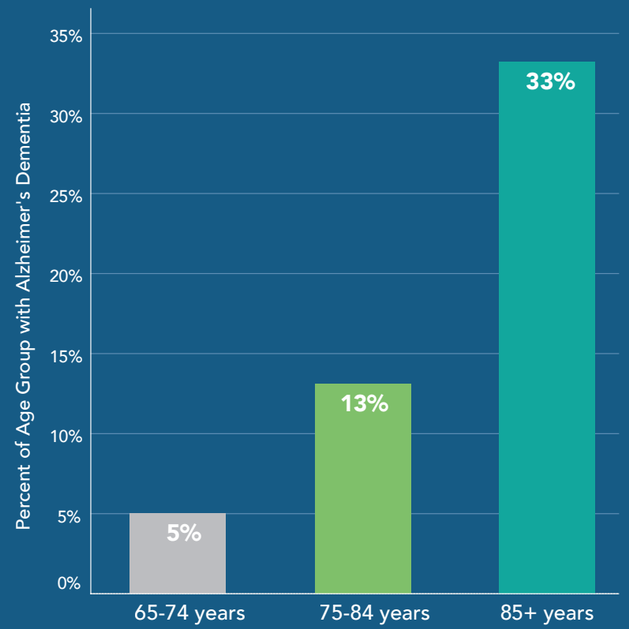
5. Krisberg, K. (2023, February/March) Seniors left behind as public edges 'back to normal' after COVID-19. *The Nation's Health.* 53 (1) 1-18. http://www.thenationshealth.org/content/53/1/1.1?etoc=

In the region, prevalence of cognitive difficulties increase from 5% of the population aged 65-74, to 10% of those 75 and older. The rate of dementia also increases dramatically with age.[6] About 15% of people with mild cognitive impairment (MCI) develop dementia after two years, and one third develop dementia due to Alzheimer's disease within five years.

Almost two-thirds of people with Alzheimer's are women. Compared to White non-Hispanic older adults, older Black non-Hispanic Americans (about twice as likely) and Hispanic Americans (1.5 times more likely) are more likely to have Alzheimer's or other dementias. These numbers do not reflect the various types of cognitive impairments that older adults experience and significantly underrepresents the magnitude and complexity of cognitive decline.

- In New York State, 410,000 people aged 65 and older were living with Alzheimer's disease in 2020. The Alzheimer's Association projects a 12.2% increase in the number of people 65 and older with Alzheimer's between 2020 and 2025 (to 460,000 people).
- In 2022, 546,000 caregivers in New York State provided 884 million hours of unpaid care to people with Alzheimer's or other dementias.
- Estimated Medicaid costs for caring for people with Alzheimer's in New York was $5.45 billion in 2020, with a projected increase of 15.6% between 2020 and 2025.
- Each year, Medicare spends $35,374 per capita on people with dementia.[7]

Prevalence of Alzheimer's Dementia among Older Adults by Age Group United States



Alzheimer's Association. (2023). 2023 *Alzheimer's Disease Facts and Figures* https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf

6. Alzheimer's Association. (2023, March 14) 2023 Alzheimer's Disease Facts and Figures. *Alzheimers & Dementia 2023*; 19(4). 1598-1695 https://doi.org/10.1002/alz.13016
7. Alzheimer's Association. (2023, March 14) 2023 Alzheimer's Disease Facts and Figures. *Alzheimers & Dementia 2023*; 19(4). 1598-1695 https://doi.org/10.1002/alz.13016https://

Alzheimer's is a progressive disease, with individuals requiring more support over time. Early detection and proactive management can improve quality of life for patients and caregivers, compelling communities to plan for essential resources and services that support people with mild cognitive impairment (MCI) and dementias.

While dementia is not a normal part of aging, as people age, they are more likely to develop chronic conditions and take prescription medications, requiring close monitoring of side effects, drug interactions and potential misuse or overuse. Physiological changes associated with aging can make medications or alcohol more harmful at lower doses. Taking prescription painkillers to address chronic conditions and after surgery is common practice for older adults.

According to the federal Substance Abuse and Mental Health Services Administration, "more than 80% of emergency room visits made by older adults result from adverse drug reactions."[8] Payments do not reflect the extent of this problem and underestimate the severity of incidence. In 2017, CMS reported that Medicare beneficiaries had the highest and fastest-growing rates of diagnosed opioid use disorder.[9]

Behavioral health of older adults is a growing concern, with a need to focus on both mental health and substance use. Generational differences in attitudes about mental health and substance use might impact an older adults' willingness to seek help.

- In the Finger Lakes region, about 15% of adults 65 and older report that they have been told they have a depressive disorder, according to the 2018 Behavioral Risk Factor Surveillance System survey of area residents.
- Depression in older adults is associated with many poor health outcomes, including "functional decline, decreased quality of life, increased health care utilization, and suicide."

Every three years, New York State requests that local health departments work together with local hospital systems and community organizations to create a joint community health assessment and improvement plan. In the 2022 Comprehensive Regional Community Health Assessment, the most frequently selected priority areas include Promote Well-Being and Prevent Substance Use Disorders (8 out of 9 counties) and Prevent Chronic Disease (8 out of 9 counties). As county health departments, hospitals and other organizations implement the interventions toward these goals, it is critical that older adults are included in these efforts.

Changes in health status are a reality of aging, and service needs increase as people age. Routine assessments and coordinated communications that integrate behavioral, social and medical needs are paramount to maintaining quality of life and maximizing independence. Efforts to improve the health of the population require sustainable funding commitments that support collaborative and integrated solutions, such as a strong primary care system that effectively collaborates with community-based organizations to meet the non-medical needs of patients.

8. Center for Substance Abuse Prevention, (2019). *SAMHSA—Get Connected: Linking Older Adults with Resources on Medication, Alcohol, and Mental Health.* Substance Abuse and Mental Health Services Administration. https://store.samhsa.gov/sites/default/files/d7/priv/sma03-3824_2.pdf
9. Administration for Community Living. (2018, June) *Administration for Community Living - Opioids and Older Adults.* https://acl.gov/sites/default/files/programs/2018-06/ACL%20Opioid%20Fact%20sheet%20-%20June%202018.pdf

RECOMMENDATIONS

Prevention and community health improvement

ASPIRATION/VISION

Age is not a barrier for older adults to live full lives in the community, with access to comprehensive, culturally responsive health and preventive care.

PROMISING PRACTICES UNDERWAY

The Reframing Aging initiative is working to reduce institutional, interpersonal and self-directed negative attitudes and behaviors towards aging: https://www.reframingaging.org/

Regional Community Health Improvement Programs (CHIP) and Community Health Assessments (CHA) include chronic disease management as part of their regional plan to educate, inform and offer resources for healthy aging, as part of New York State's Prevention Agenda to promote equity and reduce disparities.

NYS is actively promoting Health in all Policies to incorporate health considerations into policies, programs and initiatives led by non-health agencies.

Chemung and Monroe counties are participating in the AARP-Age-Friendly States and Communities network of livable communities. These counties are addressing the well-being of older adults in their respective counties through their Action Plans.

RECOMMENDATIONS

Strengthen partnerships that enhance social structures to better support older adults, families, caregivers and the community.

Increase awareness and become informed about preventive services and home care options for providing supportive care to help avoid hospitalization.

Expand participation of the AARP Age-Friendly livable community plans throughout the region.

Promote the availability of preventive health care services and educational programs for older adults through Office of Aging programs. www.aging.ny.gov

Economic Security and Poverty

Compared to past generations, today's older adults are increasingly unable to rely on the combination of a defined pension plan, Social Security and other savings for their retirement income.

Economic security and increasing poverty for older adults is a significant concern as housing, food and medical costs continue to rise.

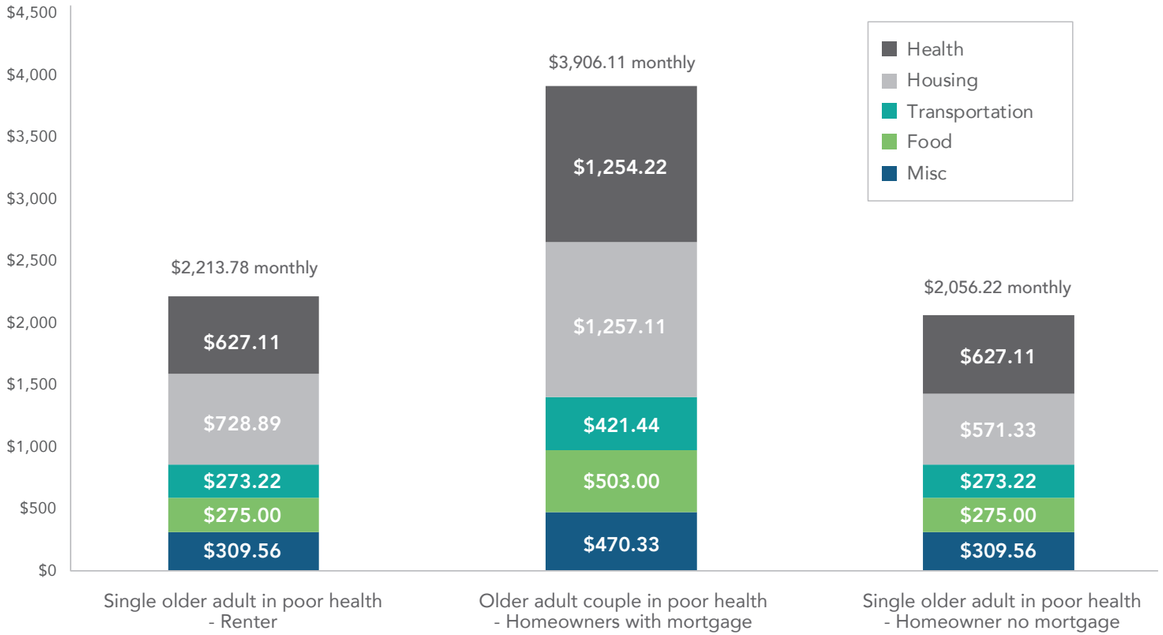
Certain populations of older adults are more likely to experience financial hardships, including Black and Latino older adults and women, due to lifelong wage gaps caused by racism, sexism and the impact of caregiving on career earnings.

- In the Finger Lakes region, about 8% of older adults (age 60+) are living at or below the poverty level. There are concentrated areas in each county with larger percentages of older adults living in poverty.
  - In the City of Rochester, 20.9% of adults over 60 live at or below the poverty level.
  - In Wayne and Steuben counties, nearly a third of older adults live below 200% of the poverty level. (Source: U.S. Census Bureau 2020, ACS 5 year estimates).
- In the 2022 My Health Story survey, 38.1% of adults 50 and older responded that they would not be able to afford an urgent $500 expense.
  - This is not an issue experienced only by low-income households: 17% of those with household incomes over $50,000 said they could not afford a $500 urgent expense.
  - About 60% of those who could not afford a $500 expense were between the ages of 50 and 64.
- **The Federal Poverty Limit (FPL) in 2022 is $13,590 for a single person household and $18,310 for a two-person household.**
  - However, where someone's income falls in relation to the Federal Poverty Level does not tell the full story – older adults with incomes above, and even well above, the Federal Poverty Level are struggling to keep up with increasing costs of food, housing, utilities and health care.

The Elder Index, developed by the Gerontology Institute at the University of Massachusetts Boston, is "a measure of the income that older adults need to meet their basic needs and age in place with dignity."[10] The measure takes into account the costs of housing, health care, transportation, food and miscellaneous needs such as clothing, personal hygiene and household items. These are often referred to as the social determinants of health (SDOH) or health-related social needs (HRSN), which are foundational to a person's health and well-being.

- We averaged the Elder Index of each of the nine counties in Finger Lakes region and found that the regional Elder Index is comparable to 200% Federal Poverty Limit for both single adults and couples. The gap between the Federal Poverty Limit and the Elder Index leaves many older adults ineligible for supports when program eligibility is based on FPL.
    - It is important to note that the most recent Elder Index was calculated before inflation soared over 9% in summer of 2022, a 40-year high.

Elder Index: Monthly Income Needed to Live Independently Finger Lakes Region



According to the Elder Index, health status significantly affects cost of living, with older adults in poor health needing $2300 (~10%) more per year than their counterparts in good health.

- While older adults 65 and older have access to Medicare, the premium for Medicare Part B is at least $170/month – this premium is sometimes higher than employer-sponsored health plans.
- Despite the universal aspect of Medicare, significant gaps exist, especially with respect to vision and dental coverage, and long-term care costs.
- A variety of privately administered Medicare Advantage (MA) plans offer features in addition to standard Medicare. MA plans are becoming increasingly popular. As of February 2023, Medicare Advantage penetration in the Finger Lakes region counties averages 64.2% (range: 55.7% in Schuyler County to 74.9% in Monroe County), an increase from 57% in February 2020.[11]
- There are many MA plans available, ranging from 40-60 per county. With increasing choice and differing payment structures offered by MA plans, older adults can explore different levels of coverage, but with choice comes complexity in decision-making. Many older adults find the open enrollment process for Medicare Advantage plans confusing and overwhelming.
- Low-income older adults who qualify for Medicaid have access to a wider range of long-term care services, but they experience long waitlists for services, stigma, and difficulty accessing care due to Medicaid's low provider reimbursement rates.
- In the My Health Story 2022 survey, 22% of adults over age 50 reported they were sometimes, often, or always stressed about affording medical care, and 57% of these adults are aged 50-64.
    - Of those who reported stress affording medical care, 49% of them had household incomes greater than $50,000.
- Older adults with low incomes who do not qualify for Medicaid are at high risk – their incomes are too high to qualify for safety-net assistance, but not high enough to afford expenses that include food, medical co-payments, medications or transportation in addition to health care costs, or ongoing home care services. A significant spend-down of savings and resources is required for lower- to middle-income older adults to qualify for long-term care services offered under Medicaid.

"There's a myth that Social Security and Medicare miraculously take care of all of people's needs in older age. The reality is they don't, and far too many people are one crisis away from economic insecurity."

- Ramsey Alwin, president and CEO of the National Council on Aging[12]

There has been a notable increase in "grandfamilies," or grandparents raising their grandchildren due to factors such as parental addiction, mental illness, or incarceration, as well as the high cost of childcare and the instability of the job market. Existing systems and services, including housing, health care and education do not take grandfamilies into consideration, and are often inaccessible to those who need assistance.

- According to the U.S. Census Bureau's 5-year estimates (2020), an estimated 4% of households across New York State are multigenerational.
- In the My Health Story 2022 survey, 7% of adults 50 and older in the Finger Lakes region reported living in a multi-generational or extended family household.
- On average, 15% of grandparents aged 60+ in the Finger Lakes region who are responsible for grandchildren are living below the poverty level, and about one-third (28%) have a disability. (U.S. Census Bureau, 2020 ACS 5-year estimates, Finger Lakes region).

10. Gerontology Institute. (2022). *The Elder Index™* [Data set]. University of Massachusetts Boston ElderIndex.org

11. Centers for Medicare and Medicaid Services. (2023, February) *MA State/County Penetration*. https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-State-County-Penetration?combine=&items_per_page=10&page=1

12. Graham, J. (2022, July 25) 'True Cost of Aging' Index Shows Many Seniors Can't Afford Basic Necessities. KFF Health News. https://khn.org/news/article/elder-index-aging-costs-seniors-basic-necessities/

RECOMMENDATIONS

Financing/distribution of resources

ASPIRATION/VISION

A sustainable, coordinated, community-wide long-term health care system with accessible services supporting health and well-being is equitable and affordable for all.

PROMISING PRACTICES UNDERWAY

Programs of All-Inclusive Care for the Elderly (PACE), funded by Medicare and Medicaid, provides medical and social services for frail seniors who would qualify to be in a skilled nursing facility. These services enable seniors to continue to live independently. Most are low income and eligible for both Medicare and Medicaid. A gap remains for those ineligible for Medicaid and unable to afford services.

Washington State's Long-Term Care Trust Act will begin in 2026 covering home and congregate care for those age 65 and older, or those age 18 and older needing assistance with activities of daily living with a lifetime coverage limit. Recipients contribute through payroll taxes, similar to Social Security and Medicare.[13]

In 2011, California's Economic Planning Act was signed into law. This act "requires state and local aging agencies to use the Elder Index in planning for the needs of California's growing elderly population."[14]

RECOMMENDATIONS

Apply evidence of effectiveness and proven programs that demonstrate impact to inform funding decisions.

Offer a la carte pricing models that break out service and care expenses to allow flexibility in benefit selection, such as vision, dental, hearing and transportation.

Policymakers advance comprehensive long-term care funding. One potential example is The Well-Being Insurance for Seniors to be at Home (WISH) Act, a congressional proposal to create limited income-related "catastrophic" public protection against a person's long-term care costs, funded by a payroll tax on employment earnings. Legislation such as this could help fund long-term-care services provided in the community for people who do not qualify for Medicaid.

Expand "PACE-like" models to serve people on Medicare Advantage plans and private pay.

Adopt the Elder Index for a more comprehensive understanding of cost of living and assistance needs, instead of the Federal Poverty Limit, which underestimates need.

13. Horstman, C., Gumas, E. D., & Jacobson, G. (2023, February 16) *U.S. and Global Approaches to Financing Long-Term Care: Understanding the Patchwork.* The Commonwealth Fund. https://www.commonwealthfund.org/publications/issue-briefs/2023/feb/us-global-financing-long-term-care-patchwork

14. The Insight Center for Community Economic Development. (n.d.) *How the Elder Index is Used.* http://ww1.insightcced.org/uploads/eesi/Using_the_Elder_Index.pdf

Support for Family Caregivers

Family members have long been the first line of support for older adults, but with coming demographic changes, such as declining birth rates and increasing life expectancy, the number of older adults who require caregiving support is growing faster than the number of family caregivers available to provide it. Families today are often smaller and more geographically dispersed, which can make it difficult for older adults to rely on family members for caregiving support. In the U.S. in 2021, older adults were the population most likely to live alone (22% of all adults over 65, and 29% of older women lived alone).[15] Over the next 15-20 years, as the Baby Boomers cross into their 80s, the number of single-person households among the oldest age group will grow dramatically. The growth in single-person households has implications for family members and policymakers alike.

Older adults without family support are in need of custodial care and often have insufficient personal resources or savings to pay for services. The historic lack of investment and undervaluing of family and informal caregivers is resulting in widespread problems in our economy. For many, the bridge to work is having someone who can provide care in the home for aging parents. For others, it is quality affordable childcare. Many unpaid caregivers are part of the "sandwich generation"—people who are simultaneously raising children and caring for elderly relatives, often while also working full-time in paid employment. Others are spouses or partners who themselves are aging and physically unable to provide the level of care needed. The toll on these unpaid caregivers is both financial and emotional. AARP estimated that in New York State, unpaid caregivers provided 2.1 billion hours of care in 2017.[16]

- Between 2015 and 2020, the caregiver population in the Unites States increased by 8 million adults.
- In February 2022, the Federal Reserve reported that four times as many people were out of the workforce to provide adult caregiving responsibilities (for aging parents, spouses, or siblings) than those who stopped working due to childcare issues.
- After early retirements, caregiving is the second most cited reason that people are not working.

15. Board of Governors of the Federal Reserve System. (2021, May) *Economic Well-Being of U.S. Households in 2020* https://www.federalreserve.gov/publications/files/2020-report-economic-well-being-us-households-202105.pdf

16. Hidalgo, A. (2019, Nov. 6) *NY's Family Caregivers Provide $31 Billion a Year in Unpaid Care to Family, Friends at Home: New Report.* AARP New York. https://states.aarp.org/new-york/nys-family-caregivers-provide-31-billion-a-year-in-unpaid-care-to-family-friends-at-home-new-report

- In 2021, AARP reported that:
  - Caregivers report providing about 24 hours of care each week.
  - 53% of working caregivers report that their caregiving responsibilities have led to at least one work-related issue.
  - 78% of caregivers have out-of-pocket costs related to their caregiving responsibilities.[17]
  - Latino and Black caregivers experience greater financial strain due to these costs.
- Caregivers themselves are aging – in the Finger Lakes region, an estimated 28% of adults 55 and older report providing care to friends or family members.[18]
- Perceptions and experience of the caregiver role vary by culture. The expectation of family caregiving is highly embedded in Black, Latino and Asian American cultures and communities.[19]
  - While caregivers of color may be more prepared to provide care based on their lived experience witnessing family caregiving, many do not identify as a "caregiver" and might not be aware of support resources. They also might be resistant to pursuing support due to mistrust of health care and social systems due to historical underinvestment and lack of cultural humility.
  - Because caregiving is less embedded in European American cultures, people are less likely to have witnessed direct caregiving in their families and communities, and might find the caregiving role unexpected.

It is crucial to develop policies and programs that support both older adults who do not have family caregivers, and those who are serving as caregivers.

This can include increasing funding for home care services, providing tax credits and other incentives for employers who offer caregiver leave and expanding access to respite care and other support services for family caregivers. Ultimately, it is essential to recognize that caregiving is a shared responsibility that requires the involvement of individuals, families, communities, and policymakers to ensure that older adults receive the care and support they need.

17. Skufca, L. and Rainville, C. (2021, June) *Caregiving can be costly – even financially.* AARP Research. https://doi.org/10.26419/res.00473.001
18. New York State Department of Health, *Behavioral Risk Factor Surveillance System, Year 2018.* Analysis Completed by Common Ground Health
19. Pharr, J. R., Dodge Francis, C., Terry, C., & Clark, M. C. (2014). Culture, Caregiving, and Health: Exploring the Influence of Culture on Family Caregiver Experiences *International Scholarly Research Notices.* https://doi.org/10.1155/2014/689826

RECOMMENDATIONS

Caregiver support

ASPIRATION/VISION

Family caregivers are confident that they have the skills and resources to care for their loved ones.

Safe and appropriate respite care is available to relieve caregivers.

Employers develop policies that accommodate employee's needs to meet their caregiving obligations.

PROMISING PRACTICES UNDERWAY

The University of Rochester Division of Geriatrics & Aging HRSA-funded Geriatric Workforce Enhancement Program (GWEP) grant funds the continuation of one of the largest geriatric educational initiatives in the Finger Lakes region, serving a 25-county area and meeting the needs of both rural communities and the greater metropolitan region of Rochester.

Statewide trainings and online learning are available through use of telehealth technologies and tele mentoring via live videoconferencing. Project curricula include a focus on cultural and linguistic competency, health disparities, and health literacy in addition to specific education and training for Alzheimer's disease and related dementias will be targeted for patients, families, and caregivers under this funding.

The work of URMC is accomplished through collaborating partnerships between academic training programs, community-based primary care sites, and community-based organizations.

The NYS Caregiving and Respite Coalition, managed by Lifespan of Greater Rochester, works to increase caregivers' access to respite resources. http://www.nyscrc.org/about-us

The Alzheimer's Association offers caregiver support groups, both in-person and virtually, and educational programs that cover a variety of topics including communication skills and money management. Social programs are also available for people with early-stage Alzheimer's disease and their caregivers.

Digital accessibility and literacy for older adults is available through the SUNY ATTAIN (Advanced Technology Training and Information Network).

The Finger Lakes Digital Inclusion Coalition in partnership with the NYS Broadband Office is designing a digital equity plan by 2024 with a specific focus on older adult needs.

RECOMMENDATIONS

Include age-friendly language and readable formats in all resources.

Expand and enhance resources that help families navigate the complex systems in caring for older adults.

Expand awareness of training resources offered from The NYS Caregiving and Respite Coalition, managed by Lifespan of Greater Rochester. http://www.nyscrc.org/about-us

Expand respite services to support efforts to establish both drop-in respite centers and in-home care so that caregivers can get a break from their family caregiving duties.

Offer caregiver training to build skills and confidence for adults caring for family members or friends. Training resources will include systems navigation, condition-specific training, approaches to self-care, and opportunities to connect with other caregivers for support.

Ensure caregiver support, respite resources and outreach are responsive to cultural differences in perception of caregiving and mistrust of current systems.

Monitor and evaluate Consumer Directed Personal Assistance Program efficacy for filling gaps in a services.

Designate a county volunteer board on county web pages throughout the region.

Expand access to information about health services.

Coordination with Medical Care to Address Health-Related Social Needs

The social determinants of health, also known as health-related social needs (HRSN), have a significant impact on health outcomes for older adults and their caregivers alike.

Addressing housing, transportation, food access and employment, are keys to achieving health equity.

These non-medical issues lead to poor health outcomes and require collective community cooperation and funding flexible enough to meet a multitude of needs. Increasingly, expanding efforts to coordinate and incorporate these domains fall short. Coordinating multiple data management systems has been fraught with HIPAA and consent requirements, the inability to migrate data to various platforms and an unwillingness to divest away from heavily financed information management systems. Current health, human service and community-based organizations have not agreed to the required infrastructure changes that provide timely information.

Care managers that meet in person with families build trust, assess needs and witness social structures, while helping to coordinate care and ease families' burdens in navigating the health care system. Yet despite good intentions, the care management infrastructure is not yet optimized to effectively improve outcomes. Duplication of care management services in hospitals, doctor's offices, insurance companies and home and community-based services is costly, confusing and inefficient.

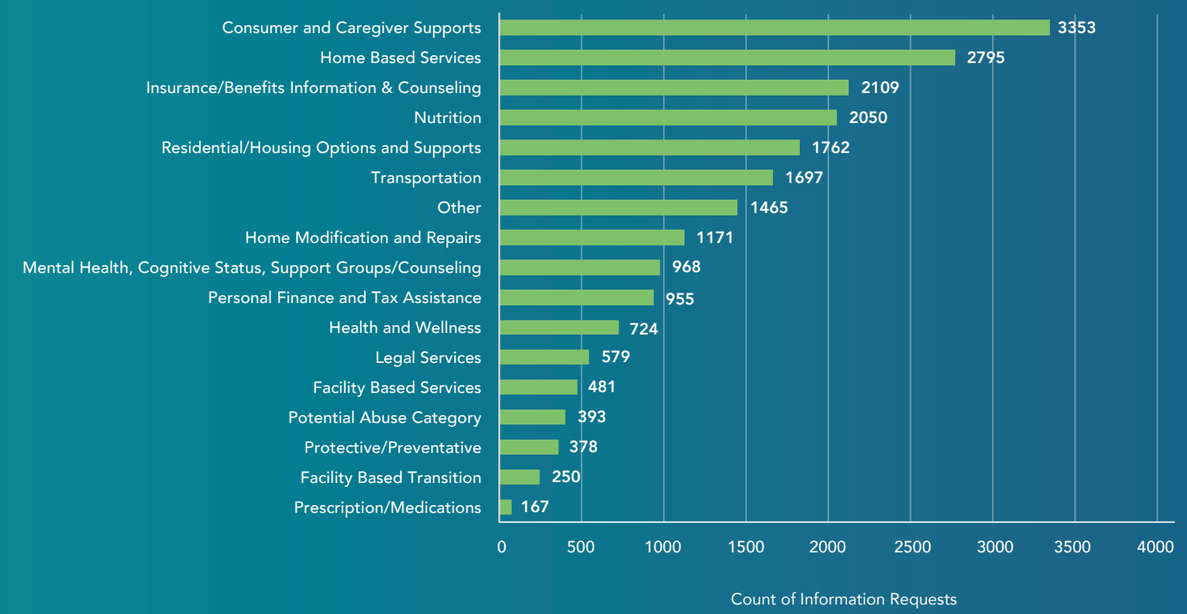
Effective care management requires a shift from a medical model of service delivery, to one that centers the needs of each person, with adequate services and funding in place to address those needs.

Communication and data exchange is needed between medical, social and other sectors. A financing system with incentives for each sector to participate also is necessary. The system should also be responsive to cultural beliefs and spiritual practices. These considerations are paramount to understanding preferences and needs and determining what will support successful outcomes among our diverse population.

As needs of older adults change, many older adults, family members, and health care providers do not know what service options are available, how to pay for them, or where to turn for information and assistance.

- Data from Lifespan (2020) demonstrates the wide variety of concerns and areas of need for older adults; the top issues people sought help for include consumer and caregiver support, home-based services, and insurance information and counseling.
- Nutrition, housing options and transportation were also high areas of concern, demonstrating the need to assess and address these issues for older adults before they experience crises.
- In the Finger Lakes region, older adults report having a medical checkup in the past year (86% of those 55-64; 93% of those 65-74; and 97% of those 75 and older).[20] These checkups are a key opportunity to connect older adults and their caregivers to coordinators who can assess the need for non-medical services.

Information Requests from Lifespan, 2020



20. New York State Department of Health, *Behavioral Risk Factor Surveillance System, Year 2018.* Analysis Completed by Common Ground Health

RECOMMENDATIONS

Coordination with Medical Care to Address Health-Related Social Needs

ASPIRATION/VISION

Medical care is coordinated and integrated with home and community-based services, clearly communicated and available real-time to caregivers and families, regardless of income, ethnicity, geography or language skills.

Continue efforts to coordinate data management systems integrating service delivery among health, social services, and community organizations, offering ease of access for the individual and fostering transparency and data collection.

A centralized community-based resource is readily accessible to inform residents and providers of all ages about service options available to them.

PROMISING PRACTICES UNDERWAY

Lifespan of Greater Rochester's Community Care Connections program coordinates medical needs with health related social needs, such as food insecurity, housing, transportation, financial assistance, and caregiver support. An estimated $1.75 is saved for every dollar spent and is directly associated in reduced costs related to hospitalization and ED visits. The program demonstrates saving health-care dollars and increasing satisfaction among older adults, health care providers and family members.

Recent funding dedicated to support broadband access will assist rural communities in sharing information about service options.

211 of Lifeline has zip code specific resources available in some communities.

RECOMMENDATIONS

Expand proven programs such as Lifespan's Community Care Connects, which coordinates and integrates social needs with medical care and connects older adults to essential community services. Expansion of this proven program can eliminate duplicative case management services and direct funding toward a single, community-wide system.

Continue ongoing community efforts to coordinate data management systems that will integrate service delivery between health, social services and community organizations.

Redirect cost savings from duplicative services by creating administrative efficiencies and transfer savings toward home and community based services.

Replicate Health Home Care Management and Medicare Advantage coverage of health-related social needs for those who cannot afford it.

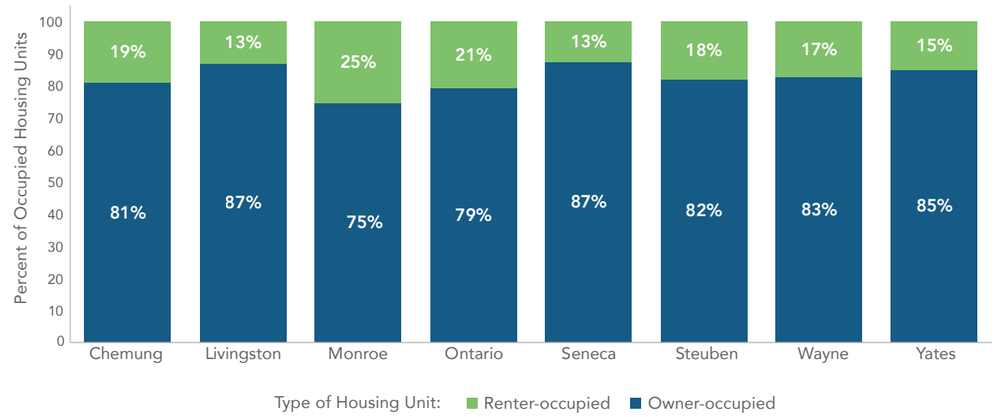
Obtain and share Medicaid data that demonstrates cost saving evidence of program success.

Housing

Housing is a foundational social determinant of health, and a major concern for older adults who need permanent, affordable housing options that meet changing accessibility needs. Older adults living in the moderate middle-income bracket are becoming a more diverse group with limitations that will make it difficult for them to live independently. Many do not have the financial resources to afford care options.

- Housing is a significant cost for older adults and varies by housing status. Compared to homeowners with no mortgage, renters will pay an additional $1890 per year, and homeowners who have mortgages will pay about $8300 more in housing costs (Elder Index).
- Most older adults in the Finger Lakes region own their home (regional average 82.2%), with larger renter populations in Monroe (25.4%) and Ontario (20.8%) counties.

Owner- versus Renter-Occupied Housing Units among Residents Aged 60+ by County, Finger Lakes Region



U.S. Census Bureau. (2022). *Population 60 Years and Over in the United States*, 2016-2020 ACS 5-Year Estimates Data Profile. Retrieved from https://data.census.gov/table?q=S0102

- The housing stock in the Finger Lakes region is largely comprised of single-family homes, more than half built before 1960.[21] These homes do not include accessibility features such as wide doorways and hallways or first-floor bathrooms and bedrooms. Older homes often have two or more floors, and stairs to enter the home. Older adults with fixed incomes can't afford significant renovations needed to improve accessibility of their homes. Many also struggle with the cost of regular home maintenance, including weatherization and climate-related upkeep.
- The Department of Housing and Urban Development (HUD) defines a household as cost burdened when monthly housing costs (including utilities) exceed 30% of monthly income.
  - In the region, 21% of older adults who own their home, and 48% of those who rent are cost burdened. More than half of older adult renters in Chemung (56.9%), Ontario (57.1%) and Monroe (56.6%) counties are cost burdened.
- The COVID-19 pandemic increased the cost of housing in Upstate New York, as newly remote workers chose to leave urban environments and settle in smaller towns.[22]

Between February 2021 and March 2022, Common Ground Health conducted nine focus groups with 92 older adults (aged 55 and older) on behalf of the Sage II Commission and the Commission's Housing Subgroup. Participants were 78% people of color and 72% women. We conducted three groups exclusively focused on men, deaf and Latino older adults. Significant findings from this small representative population include the following housing concerns:

- Affordability, accessibility and availability are priority.
- Amenities are important for them to remain within their community. Older adults want affordable, single-floor living with amenities such as laundry, storage, convenient parking, help with outdoor maintenance, and respectful and responsive property owners.
- Some older adults expressed a desire for seniors-only communities, while others preferred multi-generational living opportunities. Studies indicate multi-generational housing and engagement in supportive housing can be life-sustaining.

The existing model of single-family detached housing throughout the Finger Lakes region presents challenges in an aging population. There are many housing options in between single-family homes and large apartment buildings, known as the "Missing Middle."[23] Rural communities are collaborating with land banks, developers and architects to transition from the traditional nursing homes to vacant motels. Intergenerational housing models that place college students or other younger populations with older adults have also demonstrated benefits for both the younger and the older residents – reducing rent burdens for college students while providing assistance and improving social isolation for the older adults.[24] Land banks, developers and architects continue to explore adaptable mixed-age housing amidst inflation, competitive low-income housing projects that are highly regulated, and an outdated formulary that limits capacity.

We cannot build enough new housing to meet demand. The average wait lists are currently 2 years, and the region's demographics project we can anticipate more demand. The majority of need is within 70-90% of Area Median Income (AMI).

21. US Census Bureau (2021). *2021 American Community Survey 5-year estimates data profiles.* The Census Bureau. For the nine-county Finger Lakes region. Analysis by Common Ground Health.
22. Carney, M. (2022) *Disrupt Disparities: Addressing the crisis for rural New Yorkers 50+ 2.0.* AARP New York https://online.flippingbook.com/view/224632168/8/
23. Carney, M. (2022) *Disrupt Disparities: Addressing the crisis for rural New Yorkers 50+ 2.0.* AARP New York. https://online.flippingbook.com/view/224632168/8/
24. Even-Zohar, A. (2022) The "At Home" Program: Students Residing with Older Adults. *SAGE Open*, 12(1). Doi: 10.1177/21582440221085017

RECOMMENDATIONS

Housing

ASPIRATION/VISION

A wide range of affordable and accessible housing options is available for older adults in all nine counties of the Finger Lakes region. Services to assist with home modifications, adaptive equipment and technology, home-delivered meals and in-home personal care allow them to safely age in place.

PROMISING PRACTICES UNDERWAY

Models such as Episcopal Senior Life Communities (ESLC) community-based Neighborhood Program works in partnership with affordable senior housing developers to address health disparities and social needs of those 65+ with limited incomes. ESLC has designed a health and wellness effort to offer on-site group and individual health education and chronic disease management coaching, nutrition programs, fitness classes, health care navigation, and socialization to residents and members of the surrounding area of affordable housing communities.

Rochester ENergy Efficiency and Weatherization (RENEW) – Collectively, they have invested $6.15M into the homes of 420 income-eligible Monroe County homeowners making them more energy-efficiency, healthier, and safer over the past 7 years. RENEW clients experience a 20% average decrease on fuel costs. Fifteen percent of clients have experienced a 30%+ decrease on fuel costs. Some families, with clean heating & cooling technologies like heat pump furnace and heat pump hot water heaters installed, have seen fuel costs reduced by 36% to 50%. One hundred percent of RENEW clients with pre-existing self-reported respiratory conditions report significantly reduced symptoms.

The Monroe County Aging Alliance in partnership with community organizations are working to implement safe and accessible neighborhoods that are livable for people of all ages, including outdoor spaces for older adults with easy access to public places for socialization, healthy food, and needed services.

RECOMMENDATIONS

Provide meaningful incentives for the development or redevelopment of nursing facilities into smaller Green House[25] models.

Pursue private and public partnerships with tax incentives for developers and operators of senior housing aimed to serve middle-income seniors.

Empower supportive housing residents with options through private – public financing. Embed a neighborhood outreach program that offers fellowship, space for a common meal or entertainment, and enrichment that connects low- to middle-income older adults a wide array of home- and community-based services.

Explore the viability of creating a private supplemental daily rate with SSI to assist older adults staying in their home longer.

Increase awareness among leaders in communities and neighborhoods of a Village-like model: consumer-driven by older adults living in their own homes and collaborating to support each other's social and wellness activities.

25. *The Green House Project.* Retrieved July 31, 2023, from https://thegreenhouseproject.org/

RECOMMENDATIONS

Housing (continued)

RECOMMENDATIONS

Create Green House-like neighborhoods that rival independent housing and assisted living and offer integrated and coordinated community-based services.

Include multigenerational families and "grandfamilies" in housing policy.

Repurpose existing buildings in neighborhood settings, converting retail space, churches and schools. Housing partners are exploring what it will take to redevelop blighted neighborhoods safely to provide adaptable mixed age dwellings that stabilize neighborhoods.

Incentivize zoning to expand home sharing options, for more than one homeowner in a dwelling, to offer a common community room, independence and companionship.

Increase awareness of RENEW among older adults, service providers and community partners and replicate and fund the model across the Finger Lakes.

Evaluate models such as Episcopal Senior Living Center's Neighborhood Programs that serve community-dwelling older adults, as well as residents of ESLC housing, assisted living and memory care facilities.

Adapt the Monroe County Aging Alliance network's age-friendly, livable communities plan to create similar alliances across the region.

Expand opportunities for rural communities to collaborate with land banks, developers and architects to transition existing structures, such as vacant motels, into affordable housing options.

Incentivize intergenerational housing with rent-free options for college students in exchange for laundry, house cleaning, meal preparation and grocery shopping, enhancing positive economic and social outcomes.

Transportation

Transportation is a key factor for quality of life and represents an increasing challenge for older adults across the region.

The decision for an older adult to stop driving is a health issue in and of itself. Older adults who are no longer able to drive are at risk for a variety of health issues related to their mobility and independence, including an increased reliance on caregivers, difficulty accessing medications and fresh foods, and social isolation, which can lead to depression, anxiety and other mental health issues.

For decades, transportation has been a significant challenge due to our region's reliance on automobiles, and the wide range of transportation needs (medical, prescriptions, groceries, and recreation) across a diverse geography that includes rural, urban and suburban areas. With limited public transportation and closures of health care providers in rural areas, transportation is a key social determinant of health for many. The COVID-19 pandemic led to a significant reduction in transportation services and volunteer drivers, further reducing access to transportation services.

Residents who are Deaf, developmentally disabled, and have access and mobility needs warrant additional considerations, particularly in rural communities. Increasingly, long-term care recipients and older adults have medical needs necessitating specialized transportation services and higher levels of support. Inconvenient schedules, arduous wait times, long transit routes and severe limitations in rural communities is affecting ridership and reducing demand. Specialized medical facilities are located in more densely populated areas and limiting access. Some communities attempt to schedule medical transportation with ambulance companies, and risk cancellations in the event of actual emergency calls.

Access to transportation services varies by health insurer: Medicare does not cover transportation, while Medicaid does. However, despite the payer, there are not enough transportation companies to meet the need. Low reimbursement rates have long been an issue, and the pandemic led some agencies to close due to workforce and other challenges. Volunteer transportation programs saw significant decreases in the number of volunteer drivers due to fears of COVID transmission – these numbers have not yet rebounded to meet needs.

Medical transportation has become unreliable, which can lead to costly hospital admissions, delayed discharge and timely placement. Community partners report that evening and weekend transportation services are particularly unreliable. For example, many patients who require dialysis find themselves boarded in hospitals due to lack of transportation for their lifesaving appointments. Many of these patients could do well living in lower levels of care if they had transportation to dialysis centers.

Much of the region's transportation studies conducted over 15-years ago are obsolete. Rural communities are underserved with intermittent cell-phone coverage and internet service. Broadband expansion progress has been slow. Since COVID, ride shares diminished, the transportation workforce has decreased, and costs escalated.

RECOMMENDATIONS

Transportation

ASPIRATION/VISION

A coordinated, accessible and equitable on-demand transportation system that is available to all residents regardless of geography, income or disability.

PROMISING PRACTICES UNDERWAY

211 Lifeline of Goodwill offers zip code specific door-to-door transportation options throughout the region.

Lifespan, in partnership with rural communities, is developing a "one click" web-based portal to help residents locate accessible transportation services. The portal will assist matching resources and coordinating services.

Regional partners are meeting to educate, inform and brainstorm options for non-emergency transitions and bridge regulatory roadblocks.

New York State Office for the Aging (NYSOFA) is working with GoGoGrandparent, a ride-hailing app aimed at older adults. Services are already available in urban and suburban areas, and NYSOFA is working to expand this project to rural areas.

RECOMMENDATIONS

Reassess and update rural medical and non-medical transportation plans.

Increase and coordinate various modes of transportation and user groups within communities across the Finger Lakes region.

Flexible health plan benefits may provide transportation coverage for long-term care users through an approved provider network.

Caregiving Workforce

The health care workforce is in a state of critical emergency. Previously designated as a Health Provider Shortage Area (HPSA), the Finger Lakes region is undergoing a public health crisis due to severe labor shortages.

The COVID-19 pandemic dramatically increased the magnitude of shortages in roles foundational to caring for older adults, including Home Health Aides, Personal Care Aides, Certified Nurse Assistants, Licensed Practical Nurses, and Registered Nurses. The trauma of working through months-long virus surges and overrun hospitals drove many health care workers from the field. Later, vaccine mandates also led some health care workers to quit. The Great Resignation combined with generational differences in expectations for work have created a challenge for health care employers who are unable to offer the flexibility sought by Millennials and Generation Z. These factors have further reduced the quantity of candidates seeking to enter the field.

- The Alzheimer's Association has projected that New York needs 60.6% more home health and personal care aides by 2028, and 44% more geriatricians by 2050 to meet the needs of the older adult population.
- Medicaid reimbursement has not kept pace with increasing minimum wage mandates. Despite high demand for services, home care and long-term care agencies simply cannot afford to attract and retain staff to do this crucial work.
- Entry-level health care workers can find competitive wages in retail fast-food settings, further reducing the desirability of these critical roles, even for those committed to caregiving. Due to low wages, many home health aides and personal care aides juggle more than one job in order to meet basic needs, and they are significantly impacted by common issues, such as transportation and childcare issues.
- There is greater competition among independent and affiliated organizations to attract and retain staff as contracting agencies offer sizable sign-on bonuses, flexibility and inflated hourly rates. Community-based organizations struggle to compete with sign-on bonuses, shift differentials and other benefits offered by hospitals.
- The congregate long-term care sector is struggling to sustain 1,000 licensed-unstaffed skilled nursing home beds, in Monroe County alone, creating a systemic sentinel effect. Patients are "boarded" in emergency rooms, decreasing hospitals' admissions, delaying care for trauma and critical-care patients, and reducing access for rural communities that are already constrained.
- Existing wait lists persist as Medicare short-stay post-acute care (rehabilitation) continues to shift to home care.
- Older adults and people with disabilities of all ages require access to support services in order to remain in their homes and communities as they age, and avoid institutional settings. The demand and need for these services will only increase.

RECOMMENDATIONS

Workforce

ASPIRATION/VISION

A diverse, well-compensated and trained health care workforce effectively provides care across the continuum – from home care and direct service, to geriatric care.

Health care is a desirable, respectable and accessible career option. There are a variety of entry points into the sector, beyond 4-year college degrees. Equitable educational and social support is available to students and employees throughout the career pathway.

PROMISING PRACTICES UNDERWAY

Common Ground Health and Finger Lakes Performing Provider System (FLPPS) co-convene the Regional Consortium on Health Care Workforce. The consortium brings together multi-sector leaders to identify effective policies to support workforce development, inform on regional progress toward meeting the region's need for health care workforce, and to leverage efforts across multiple stakeholders for shared learning and optimal impact. The Sage II Commission is leveraging regional partnerships through the Regional Consortium on Health Care Workforce and is actively engaged in addressing the health care workforce crisis in the region.

Common Ground Health recently convened a statewide workforce stakeholders group to review and assess health care workforce needs. Representing a variety of interests within the health care sector, this group advocates for a more coordinated, system-wide initiative to address health care workforce training as an economic development priority. In the 2022 New York State budget, the New York State Department of Health received funding to create a Workforce Innovation Center. The stakeholder group is monitoring the development of this center.

As a New York State-designated Workforce Investment Organization, FLPPS has recently funded, or received funding for, several workforce development initiatives:

System Transformation and Community Investment (STACI)

Through the (STACI) Program, FLPPS, in partnership with employers, regional community colleges and community-based organizations, is establishing a sustainable model for long-term care career pathways. Educational outreach and training opportunities are combined with such services as transportation, language support, financial coaching, childcare, career navigation, and coaching and job-placement assistance to help students stay on track with their goals. Programs are offering paid training, increased salaries, childcare assistance, flexible work schedules, financial bonus structures, paid training and tuition reimbursement for career advancement, PTO and paid holidays, and upward mobility within health care career tracts.

Transformational Community Care Coordination (TC3)

Through the (TC3) Program, FLPPS leveraged grants from Monroe County's "Bring Monroe Back" initiative, funded under the American Rescue Plan Act (ARPA), to address the unprecedented number of patients who are awaiting discharge from the hospital due to workforce and reimbursement challenges faced by nursing homes and home health care agencies.

The TC3 Program brings together the local health systems, nursing homes, home health care agencies, workforce training partners, community-based organizations, and Common Ground Health to implement a Complex Care Program and Long Term Care Workforce Program. These programs address the barriers to discharge patients to nursing homes and address critical workforce shortages in skilled nursing homes through career pathways systems and recruitment, training, and retention activities.

RECOMMENDATIONS

Workforce (continued)

PROMISING PRACTICES UNDERWAY

Community Home Health Aide Training

FLPPS was awarded grants from the City of Rochester and ESL for a Community Home Health Aide Training Program, in collaboration with HCR Home Care, Rochester Regional Home Care, and UR Medicine Home Care. These employers are hiring home health aide candidates and providing free training for the certification through this program. Further, the home health aides will have opportunities for career advancement and access to additional training programs to become an LPN, RN, or to become qualified for other healthcare jobs. Case management supports and incentives through partnerships with referring agencies include EE Pathways and Catholic Charities and Family Community Services.

Area Health Education Centers (AHECs) are committed to expanding of the health care workforce, while maximizing diversity and facilitating distribution, especially in rural and underserved communities. AHECS offer creative, hands-on and innovative health career curriculums for pre-college level students. The Finger Lakes region is served by the Western NY Rural AHEC and the Central NY AHEC. Through the Regional Consortium on Health Care Workforce, Common Ground Health also collaborates with Health Workforce NY, which works to develop human-centered equitable, and inclusive workforce strategies.

Immigrants and refugees who were health care providers in their home countries are often unable to meet licensure in the United States. The Healthcare Advancement Workforce Center at LeMoyne College works to support foreign-trained medical graduates in navigating and pursuing educational and career opportunities in the health care industry.26 With an increasingly diverse population, these candidates can fill critical workforce gaps, and contribute to a more equitable health care system that can meet the needs of people who do not speak English.

RECOMMENDATIONS

- Introduce students to the range of health care careers starting in middle school.
- Increase interest in health care careers through marketing campaigns that highlight the importance of care work, and opportunities for advancement.
- Expand and formalize health care career pathways that combine paid educational opportunities with social supports, coaches, and opportunities for advancement.
- Expand mental health support for health care workers, including mental health first aid.
- Design a regional comprehensive marketing campaign to increase interest in health care careers and bolster recruitment efforts.
- Engage with legislative officials to educate, inform and advocate for the health care workforce crisis.
- Develop an interactive healthcare workforce regional map that is updated yearly.
- Develop support programs and language assistance for foreign-trained medical graduates, and other immigrants and refugees who wish to pursue health care careers.

26. *Healthcare Advancement Resource Center. LeMoyne College.* Retrieved from https://www.lemoyne.edu/Values/In-the-Community/Healthcare-Advancement-Resource-Center

Congregate Long-Term Care

The COVID pandemic thrust hospitals into crisis and exposed another long-standing systemic shortfall of the long-term care system.

Unfunded mandates, antiquated reimbursement, and regulatory policies eroded the survival and fiscal viability of skilled nursing facilities. Patients with medically complex, behavioral or cognitive needs that require additional levels of planning and care languish in hospital beds due to the persistent lack of alternate levels of care, including people requiring dialysis, patients with intellectual and developmental disabilities, people with active substance use disorders, and registered sex offenders. Despite patients' condition, the lack of post discharge options results in a lack of critically needed beds. Delayed discharges may last for several months at exorbitant costs and has a devastating toll on the entire system of patients, families, caregivers, health care workers, institutions and payers.

The COVID-19 pandemic has recently demonstrated that crisis in one part of the care continuum is a crisis for all. According to a recent report by the Healthcare Association of New York (HANYS), in the second quarter of 2022, Western New York and the Finger Lakes had more than double the number of average complex inpatient cases per hospital across all of NYS, resulting in 19,466 discharge delay days.[27] These delays represent tremendous and costly gaps in care. The community-based workforce crisis has worsened the discharge crisis.

Skilled nursing facility structural deficits stemming from a 42% inflation increase in the cost of care with no increase in Medicaid reimbursement for the past 15-years and mandated staffing ratios have resulted in reduced bed capacity on units, floors and facility closures.

Area Offices on Aging that were intended to deliver essential community resources remain underfunded, and significant budget cuts this fiscal year sustain the deficit for meeting the community's service needs. Investments in long-term care services and supports for older adults through the American Rescue Plan Act will not stabilize or rebalance the core infrastructure necessary to help older adults remain safely in their homes. The piecemeal approach has failed everyone. Congregate long-term care will continue to play an essential role along the continuum of care for older adults in short-term rehabilitation, for high acuity patients, and memory care. Strategies that re-think, re-shape and re-define the long-term care infrastructure are paramount to addressing the complex challenges in caring for older adults.

27. Healthcare Association of New York State. (2023, February) *The scope of complex case discharge delays in New York state.* https://www.hanys.org/communications/publications/scope_of_complex_case/docs/complex_case_discharge_delays_survey.pdf#page=3

RECOMMENDATIONS

Congregate Long-Term Care

ASPIRATION/VISION

Reimbursement is commensurate with the cost of services designed to meet a person's health and personal needs when they are no longer able to perform activities of daily living on their own. This includes Skilled Nursing Facilities, Intermediate Care Facilities for People with Intellectual Disability (ICF/ID), and for individuals with cognitive or behavioral impairments.

Care is responsive and coordinated for residents and their families.

PROMISING PRACTICES UNDERWAY

Local, regional and state advocates are collaborating to educate and inform policymakers and governing bodies.

In the absence of sustainable funding, Transformational Community Complex Care Programs leverage private and public funds to cover costs that payors do not. This supports appropriate hospital discharges and services for patients transitioning from hospital to long-term care.

Home-based care is becoming more prevalent with improved technology to monitor post-acute care that previously relied on skilled nursing facilities.

Tele-medicine and Virtual Reality (VR) technology to reduce social isolation for caregivers and people living with dementia is demonstrating positive impact.

RECOMMENDATIONS

Reestablish a multi-stakeholder collaborative that commits to honest dialogue, actionable solutions and empowers directors to drive regional solutions.

Collaborators break down institutional silos and champion community solutions.

Community partners commit to quarterly conversations about key pressure points in acute care and long-term care to solve "pain points" with multi-stakeholder solutions.

Hospitals and long-term care facilities commit to the Institute for Healthcare Improvement 4M Age-Friendly Framework and collaborate to support placements.

Hiring practices prioritize team and community collaboration as essential criteria, and communication skills and problem-solving competencies should be valued and taught.

Private-public partnerships become the norm for financing community solutions.

Advance ethics legislation to promote equitable reporting, impact and outcomes.

Engage students and retirees as community volunteers to support older adults with daily needs, care and companionship.

Create opportunities for students to provide service hours under the supervision of experienced staff and mentors as part of their formal education to mitigate the shortfall of caregivers in exchange for class credits, grades, and hands-on experience.

Extend policies for proven programs that demonstrated impact during the COVID pandemic.

Conclusion

The Finger Lakes region has a longstanding history of working together to accomplish a shared purpose and develop actionable solutions. Implementation of recommendations requires an ongoing dialogue and commitment from organizational and community colleagues, key stakeholders and decision makers. Commission members remain committed to collaborating with all stakeholders — including aging services providers, funding sources, the State Department of Health, Office for Aging, older adults and their caregivers. Together, we remain committed to informing long-term budgetary commitments and funding partnerships, and actively advocate for legislative action that will shape future policies and funding.

We are encouraged by Senator Kirsten Gillibrand's recent legislation for a national Master Plan for Aging as we work together regionally to inform and shape New York State's Master Plan for Aging. The success of our collective aspirational goals to redesign, rebalance and reimagine the long-term care system begins now.

"It's not how old you are. It's how you are old."

- Jules Renard

Common Ground Health and the Sage II Commission thank all of our regional advisors, subject matter experts and older adults for sharing their time, insights and wisdom in helping to develop this report.

Roberta's Story

The Irondequoit home where Roberta Carter and her husband raised four children has gotten difficult for Carter, 75, and her husband, 78, to maintain.

The home is large enough that when the leaves fall, the snow flies or the windows need cleaning, it has become a burden. Friends from their church, or their children or 12 grandkids will help, but they also have busy lives.

"As we age, I'm pretty sure a lot of people say this; that you don't feel like you want to bother anybody," Carter said. "And you don't want to ask for help because you want to do it yourself. But then you realize that you really can't do it anymore by yourself."

Like many, Carter and her husband want to stay in their home as long as possible. Carter and her husband are good savers, drive their own cars, and consider themselves lucky and in good health.

Yet they have found there's a growing cost to getting older. Take a routine health issue. Carter has pre-diabetes and was recently referred for multiple visits to a nutritionist with a $40 co-pay. Medicare doesn't cover nutritionist visits unless you are diabetic. Since she also had to cover visits and bloodwork for an endocrinologist and primary care doctor, Carter said she had to stop the preventive nutritionist visits, as the copays weren't in her budget.

Recently her husband was hospitalized, and she reflected on the help she received from family and church members.

"It was mind blowing!" Carter said. "Family and church members have been taking care of food, transportation, etc. I just sit in the hospital and wonder about those I see sitting in the waiting room, especially the elderly, who don't appear to have any support other than medical staff and social workers who I see going above and beyond the limits. I worry about all those poor people who have no-one, and don't know how they will survive. The hospital was overrun with people in beds in the halls. It was scary."

Carter, a volunteer community health ambassador, said friends often ask her what supports are available for household tasks or assistance. She said increased awareness among older adults and their caregivers about resources and organizations would be helpful.

"We don't think about those things when we're doing well," she said.

Carter's stories echo that of the many older adults who took part in focus groups in 2021 and 2022. These groups informed the Sage II Commission recommendations for serving older adults in the Finger Lakes region.

Appendix A
About My Health Story 2022

My Health Story (MHS) is a regional health equity survey administered by Common Ground Health. MHS 2022 is the second iteration of the survey, with the initial survey conducted in 2018. A community-engaged convening process shaped the survey content by identifying priority topics, including social determinants of health and health outcomes. The goal of MHS 2022 is to capture data to inform actionable steps to improve health equity in the 12-county Finger Lakes region. MHS 2022 used a community-engaged process to recruit individuals aged 18 and older to take the survey who lived in the following 12 counties: Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates, Genesee, Orleans, and Wyoming.

Respondents were asked questions their about health and wellbeing, health care utilization patterns, caregiving status, and various social determinants of health. The survey examines the relationships between these variables across different geographic and demographic segmentations.

The MHS 2022 data in this report is unweighted and includes the responses from individuals aged 50 and older from the 9-county Finger Lakes region: Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates.

Appendix B

PERCENT OF DISABILITIES FOR COUNTY RESIDENTS AGED 65-74

	Chemung	Livingston	Monroe	Ontario	Schuyler	Seneca	Steuben	Wayne	Yates
Hearing Difficulty	10.5%	12.4%	5.4%	9.5%	7.5%	9.5%	9.6%	8.5%	7.2%
Vision Difficulty	6.8%	3.2%	2.5%	2.0%	3.3%	1.9%	2.6%	3.6%	1.9%
Cognitive Difficulty	8.3%	4.3%	3.7%	2.7%	3.0%	5.6%	5.1%	5.2%	4.2%
Ambulatory Difficulty	15.1%	10.9%	11.8%	8.7%	15.1%	13.4%	13.5%	14.1%	6.5%
Self-Care Difficulty	5.4%	3.2%	2.6%	2.8%	5.4%	3.5%	3.2%	3.0%	1.1%
Independent-Living Difficulty	8.9%	6.3%	6.4%	4.1%	7.2%	8.4%	7.3%	5.0%	1.9%
Total Population Aged 65-74	8,978	6,631	73,367	13,013	2,291	3,910	10,730	10,104	3,025

PERCENT OF DISABILITIES FOR COUNTY RESIDENTS AGED 75+

	Chemung	Livingston	Monroe	Ontario	Schuyler	Seneca	Steuben	Wayne	Yates
Hearing Difficulty	24.0%	23.9%	19.3%	21.4%	20.8%	27.4%	21.7%	21.7%	22.9%
Vision Difficulty	7.1%	8.0%	6.5%	9.9%	9.2%	11.8%	6.6%	5.5%	9.1%
Cognitive Difficulty	10.7%	8.4%	11.5%	10.4%	9.7%	11.2%	10.0%	9.9%	8.7%
Ambulatory Difficulty	31.0%	20.8%	29.0%	28.4%	26.1%	34.2%	27.6%	34.4%	18.5%
Self-Care Difficulty	13.0%	6.2%	11.7%	10.2%	12.6%	12.1%	10.0%	16.3%	8.8%
Independent-Living Difficulty	21.2%	15.9%	23.6%	16.9%	18.8%	19.3%	16.9%	24.1%	17.7%
Total Population Aged 75+	6,892	4,656	55,356	8,943	1,498	2,664	7,866	6,853	2,134

Source: US Census Bureau 2020 ACS 5-Year Estimates

Ann Marie Cook, Co-Chair
President and CEO
Lifespan of Greater Rochester, Inc.

Brian Heppard, Co-Chair
Physician
St. Ann's Community

Carl Cameron
Chief Medical Officer
MVP Health Care

Christina Fredericks
Executive Director & Administrator
HCR Home Care

Dianna S. Leach
Director & Regional Coordinator
Lifespan of Greater Rochester

George Roets
Consumer
Yates County Community Services

Gloria Harrington
Consumer

Jill Graziano
Senior Vice President
Rochester Regional Health

Katherine Ralston
Director of Business Development
ElderONE - Rochester Regional Health

Keith Chambery
Executive Director
Genesee Health Facilities Association

Kelly Luther
Senior Director, Social Work and Patient & Family Services
University of Rochester Medical Center

Leanne Rorick
Co-Director
Aging Alliance

Lisa Marcello
President & CEO
Episcopal Senior Life Communities

Loren Ranaletta
President
ECH Foundation

Michael McRae
President and CEO
St. Ann's Community

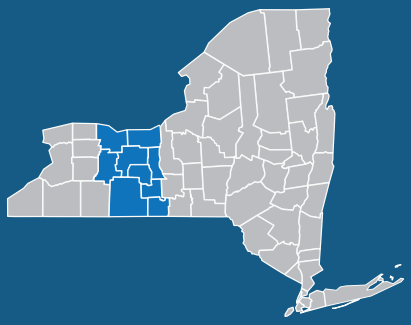
Stephen Ryan
Senior Medical Director for Geriatric Medicine
Rochester Regional Health

Steve Newcomb
Director
Monroe County Office for the Aging

Teresa Galbier
President
Alzheimer's Association

William McDonald
Consultant

Common Ground Health



About Common Ground Health

Founded in 1974, Common Ground Health is the health planning organization for the nine-county Finger Lakes region. We bring together health care, education, business, government and other sectors to find common ground on health issues. Learn more about our community tables, our data resources and our work improving population health at www.CommonGroundHealth.org.

1150 University Avenue
Rochester NY 14607
585.224.3101
CommonGroundHealth.org

Common Ground Health